

Application Data Sheet**Application Information**

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: ARRANGEMENTS AND METHOD FOR
HIERARCHICAL RESOURCE
MANAGEMENT IN A LAYERED NETWORK
ARCHITECTURE
Attorney Docket Number:: 1505-1078
Request for Early No
Publication?::
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 2
Small Entity?:: Yes
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent No
Appl.?::

7-05
Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: ULF
Middle Name::
Family Name:: BODIN
Name Suffix::
City of Residence:: LULEA
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing KLINTVAGEN 301A
Address::
City of Mailing Address:: LULEA
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: 973 32

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: JOACHIM
Middle Name::
Family Name:: JOHANSSON
Name Suffix::
City of Residence:: LULEA
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing DOCENTVAGEN 239
Address::
City of Mailing Address:: LULEA

State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: 977 52

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: JOAKIM
Middle Name::
Family Name:: NORRGARD
Name Suffix::
City of Residence:: LULEA
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing Address:: PORSOGARDEN 24
Address::
City of Mailing Address:: LULEA
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: 977 54

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: FREDRIK
Middle Name::
Family Name:: PETTERSSON
Name Suffix::
City of Residence:: LULEA
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing Address:: DOCENTVAGEN 159

Address::

City of Mailing Address:: LULEA

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: 977 52

Applicant Authority Type:: Inventor

Primary Citizenship Country:: SWEDEN

Status:: Full Capacity

Given Name:: OLOV

Middle Name::

Family Name:: SCHELEN

Name Suffix::

City of Residence:: NORRFJARDEN

State or Province of

Residence::

Country of Residence:: SWEDEN

Street of Mailing JAN JONSVAGEN 19

Address::

City of Mailing Address:: NORRFJARDEN

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: 945 91

Applicant Authority Type:: Inventor

Primary Citizenship Country:: SWEDEN

Status:: Full Capacity

Given Name:: JIM

Middle Name::

Family Name:: SUNDQVIST

Name Suffix::

City of Residence:: LULEA

State or Province of

Residence::

Country of Residence:: SWEDEN
Street of Mailing REGNVAGEN 80
Address::
City of Mailing Address:: LULEA
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: 973 32

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: EMIL
Middle Name::
Family Name:: SVANBERG
Name Suffix::
City of Residence:: LULEA
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing KLINTBACKEN 305B
Address::
City of Mailing Address:: LULEA
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: 973 32

Correspondence Information

Correspondence Customer 00466
Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/SE2003/001767	11/14/03
PCT/SE2003/001767	An application claiming the benefit under 35 USC 119(e)	60/430,098	12/2/02

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::